

# Exhibit C

Manville Personal Injury Trust Detailed PI Form

5/96

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## MANVILLE PERSONAL INJURY SETTLEMENT TRUST

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### PROOF OF CLAIM FORM

#### SUBMIT COMPLETED CLAIMS TO:

**Manville Personal Injury Settlement Trust  
Claims Processing Department  
P.O. Box 10411  
Fairfax, VA 22031  
(703) 204-9300**

**Law firm administrative contact regarding this claim:**

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**Name**

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**Title**

---

**Law Firm**

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**Telephone Number**

## **INSTRUCTIONS**

**Complete this claim form as thoroughly and accurately as possible. Incomplete forms will be rejected and returned.**

**Complete forms must have:**

- Proof of exposure to Manville asbestos.
- Medical and x-ray reports to support the injury alleged on the claim form. Do not send x-rays unless you are requested to do so.
- Law firm administrative contact person designated on cover page to respond to questions about this form.

**You will receive written notification of the proof of claim number assigned to this claim once it has been processed.**

Office Use Only: POC # \_\_\_\_\_

**PART 1: INJURED PARTY INFORMATION**

NAME: \_\_\_\_\_

*First*

*Middle*

*Last*

*Jr/Sr*

SOCIAL SECURITY NUMBER:    --

GENDER (circle one):                  MALE                  FEMALE

DATE OF BIRTH:                            
*Year*                  *Month*                  *Day*

INJURED PARTY IS (circle one): LIVING                  DECEASED

Has this injured party received any settlement money from the Manville Trust previously?  
(circle one) YES   NO

If injured party is living:

Mailing Address: \_\_\_\_\_

*Street Address*

*City, State (Province), Zip Code (Postal Code)*

*Country*

Daytime Telephone:

-

*Area Code*

If injured party is deceased:

Date of Death:

*Year*                  *Month*                  *Day*

Attach Death Certificate

If injured party has a person filing on his/her behalf:

Personal Representative - (not filing attorney listed on next page)

Name: \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_ *Jr/Sr* \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City, State (Province), Zip Code (Postal Code)* \_\_\_\_\_ *Country* \_\_\_\_\_

Daytime Telephone:      *Area Code*      *UUU-UUUU*

## PART 2: ATTORNEY INFORMATION

If an attorney is representing this injured party, complete this section:

### LEAD COUNSEL

Law Firm Name: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Telephone:         -  
Area Code

Mailing Address  
for Claim-Related  
Correspondence: Street Address \_\_\_\_\_

City, State (Province), Zip Code (Postal Code)

Fax Number:         -  
Area Code

Internet Address: \_\_\_\_\_

If there is co-counsel, complete this section:

### CO-COUNSEL

Law Firm Name: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Telephone:         -  
Area Code

Mailing Address  
for Claim-Related  
Correspondence: Street Address \_\_\_\_\_

City, State (Province), Zip Code (Postal Code)

Fax Number:         -  
Area Code

Internet Address: \_\_\_\_\_

**PART 3: DEPENDENTS AND BENEFICIARIES**

List any other persons who may have rights associated with this claim. Be sure to include the injured party's spouse, any dependents who derive (or who did derive at the time of the injured person's death) one-half or more of their support from the injured party, or beneficiaries entitled to pursue an action for wrongful death under applicable state law.

<i>Name:</i>	<i>Birth Date:</i>	<i>Financially Dependent:</i>
<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

<hr/> <i>First</i>	<hr/> <i>MI</i>	<hr/> <i>Last</i>
		[ ] <i>Year</i> [ ] <i>Mo</i> [ ] <i>Day</i>
		[ ] <i>Spouse</i> YES    NO [ ] <i>Child</i>
		[ ] <i>Other:</i> _____

## PART 4: ASBESTOS-RELATED INJURY

### A. DIAGNOSED INJURIES

Place a check next to all injuries below that have been or were diagnosed for this injured party and for which medical documentation is attached to this claim form.

**Bilateral Pleural Disease (Category 1)**      Date of first diagnosis:

UUUU    UU  
Year      Month

Proof required:

Documentation of bilateral pleural disease (plaques or thickening) diagnosed on the basis of x-ray, CAT scan, or high resolution CAT scan

AND

Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of bilateral pleural disease

**Nondisabling Bilateral Interstitial Lung Disease (Category 2)**      Date of first diagnosis:

UUUU    UU  
Year      Month

Proof required:

Documentation of bilateral interstitial lung disease diagnosed on the basis of x-ray, CAT scan, or high resolution CAT scan

AND

A medical report stating that a causal relationship exists between the injured party's asbestos exposure and the bilateral interstitial lung disease

OR

Documentation of the presence of either unilateral or bilateral pleural disease accompanying the bilateral interstitial lung disease

AND

Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of bilateral interstitial lung disease

**Disabling Bilateral Interstitial Lung Disease  
(Category 3)**

**Date of first diagnosis:**

□□□□□    □□  
*Year*              *Month*

**Proof required:**

- Documentation of bilateral interstitial lung disease diagnosed on the basis of x-ray, CAT scan, or high resolution CAT scan

**AND**

- Documentation of disability or impairment evidenced by pulmonary function tests (PFTs), with total lung capacity (TLC), forced vital capacity (FVC), or diffusing capacity (DLCO) of less than 80%

**AND**

- Medical report stating that a causal relationship exists between the injured party's asbestos exposure and the bilateral interstitial lung disease

**AND**

- Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of bilateral interstitial lung disease

**Other Cancer (Category 4)**

**Date of first diagnosis:**

□□□□□    □□  
*Year*              *Month*

**Select below:**

- Colorectal  
 Laryngeal  
 Esophageal  
 Pharyngeal

**Proof required:**

- Medical report stating the existence of primary asbestos-related cancer at one of above sites

**AND**

- Medical report demonstrating bilateral interstitial lung disease, bilateral pleural disease (thickening or plaques), or pathological evidence of asbestosis

**AND**

- Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of lung cancer

## **Lung Cancer-One (Category 5)**

**Date of first diagnosis:**

Year        Month

**Proof required:**

- Medical report demonstrating primary asbestos-related cancer of the lung  
AND
  - Evidence of at least 15 years of **heavy** occupational exposure to asbestos-containing materials in employment regularly requiring work in the immediate area of visible asbestos dust  
AND
  - Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of lung cancer

## Lung Cancer-Two (Category 6)

**Date of first diagnosis:**

**UUUU**      **UU**  
*Year*            *Month*

**Proof required:**

- Medical report demonstrating primary asbestos-related cancer of the lung

AND

  - That injured party is a nonsmoker (has not smoked cigarettes for at least 15 years prior to diagnosis), AND demonstrate by documentation, such as Social Security records or a medical report with injured party's work history, occupational exposure to asbestos during n aggregate of three years or 12 quarters of employment

OR

- Demonstrate by medical report the existence of one of the following: bilateral interstitial lung disease, bilateral pleural disease (thickening or plaques); or pathological evidence of asbestosis

## AND

- Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of lung cancer

**Malignant Mesothelioma (Category 7)**

**Date of first diagnosis:**

\_\_\_\_\_ Year      \_\_\_\_\_ Month

**Proof required:**

- Medical report referencing pathological findings of malignant mesothelioma
- AND**
- Ten (10) year latency period between the injured party's date of first exposure to asbestos and the injured party's date of diagnosis of the cancer

**Other asbestos-related injury:**

**Date of first diagnosis:**

\_\_\_\_\_ Year      \_\_\_\_\_ Month

\_\_\_\_\_

\_\_\_\_\_

**B. SMOKING HISTORY**

Has the injured party ever smoked cigarettes? (circle one) YES NO

If yes, list years and packs per day (indicate half packs as .5):

From Year:	To Year:	Packs Per Day:

## PART 5: EXPOSURE TO MANVILLE ASBESTOS

### A. MOST SIGNIFICANT EXPOSURE

1. Indicate the period of time during which the injured person's **most significant** exposure to Manville asbestos occurred. These dates *must* be included as part of the employment history on the next page.

From:    Year      To:    Year

Month

Month

2. Using the list of occupation codes below, indicate the occupation in which the injured person was engaged during the time of the **most significant** exposure to Manville asbestos:

Occupation:   → If Code 41, Other, specify: \_\_\_\_\_

#### OCCUPATION CODES

- |  |  |
|--|--|
| 01. Air conditioning and heating installer/maintenance | 22. Furnace worker/repair/installer                                  |
| 02. Asbestos installer/insulator                       | 23. Heavy equipment operator (incl. truck, forklift and crane)       |
| 03. Asbestos miner/ plant worker                       | 24. Joiner   |
| 04. Asbestos removal/abatement                         | 25. Laborer  |
| 05. Assembly line/factory worker - non-asbestos        | 26. Machinist  |
| 06. Auto mechanic/bodywork                             | 27. Millwright   |
| 07. Bagger/mixer                                       | 28. Painter  |
| 08. Blacksmith/welder                                  | 29. Pipecoverer - asbestos   |
| 09. Boiler worker/cleaner/inspector/engineer/repair    | 30. Pipefitter/steamfitter   |
| 10. Building maintenance/engineer                      | 31. Plasterer/sheetrock/drywall                                      |
| 11. Brakeman/carman/conductor/fireman                  | 32. Plumber  |
| 12. Brake mfg/installer/repair                         | 33. Professional (e.g. accountant, architect, physician, bookkeeper) |
| 13. Brick mason/layer/hod carrier                      | 34. Rigger   |
| 14. Burner operator                                    | 35. Sandblaster  |
| 15. Carpenter/woodworker/cabinetmaker                  | 36. Seaman   |
| 16. Chipper  | 37. Sheet metal worker   |
| 17. Clerical/office worker                             | 38. Shipwright   |
| 18. Custodian/janitor                                  | 39. Shipfitter   |
| 19. Electrician/inspector/worker                       | 40. Warehouse worker   |
| 20. Engineer   | 41. Other  |
| 21. Firefighter  |  |

3. During the time of **most significant** exposure, was the injured person ...  
(Check one below)

- (1) A worker directly in contact with asbestos
- (2) A worker in an area where asbestos was handled
- (3) A worker in the general, but not immediate, vicinity where asbestos was handled
- (4) A family member/bystander
- (5) A building occupant/bystander
- (6) Other, specify \_\_\_\_\_

4. Using the list of industry codes below, please indicate the industry in which the injured person was employed during the time of the **most significant** exposure to Manville asbestos:

Industry:          → If Code 126, Other, specify: \_\_\_\_\_

INDUSTRY CODES

- |                                     |  |
|-------------------------------------|--|
| 001. Family member/bystander        | 113. Non-asbestos products manufacturing                 |
| 002. Building occupant/bystander    | 114. Petrochemical                                       |
| 101. Aerospace/aviation             | 117. Railroad  |
| 102. Asbestos abatement             | 120. Shipyard-construction/repair                        |
| 103. Automobile/mechanical friction | 121. Textile   |
| 106. Chemical                       | 122. Tire/rubber   |
| 107. Construction trades            | 123. Utilities   |
| 108. Iron/steel                     | 124. Manville asbestos products manufacturing/mining     |
| 109. Longshore                      | 125. Non-Manville asbestos products manufacturing/mining |
| 110. Maritime                       | 126. Other   |
| 111. Military                       |  |

5. Injured party may write a narrative statement below (or on separate page) describing in greater detail injured party's most significant asbestos exposure.
- 
- 
- 
-

**B. EMPLOYMENT EXPOSURE HISTORY**

Describe all employment periods during which the injured party was exposed to Manville asbestos. If exposure was as bystander or building occupant skip to Part 5C, "Bystander Exposure History".

1. From:    To:     
Year Month Day Year Month

Day

Occupation:  (use code from facing page) → If Code 41, specify: \_\_\_\_\_

Industry:  (use code from facing page) → If Code 126, specify: \_\_\_\_\_

Company  
or Union: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Plant, Site or City

State

Country

Manville Products Exposed to: \_\_\_\_\_

\_\_\_\_\_

2. From:    To:     
Year Month Day Year Month Day

Occupation:  (use code from facing page) → If Code 41, specify: \_\_\_\_\_

Industry:  (use code from facing page) → If Code 126, specify: \_\_\_\_\_

Company  
or Union: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Plant, Site or City

<i>State</i>	<i>Country</i>
Manville Products Exposed to: _____	

3. From:    To:     
*Year*                    *Month*            *Day*                    *Year*                    *Month*  
*Day*

Occupation:   (use code from facing page) → If Code 41, specify: \_\_\_\_\_

Industry:   (use code from facing page) → If Code 126, specify: \_\_\_\_\_

Company  
or Union: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Plant, Site or City

<i>State</i>	<i>Country</i>
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Manville Products Exposed to: \_\_\_\_\_

4. From:    To:     
*Year*                    *Month*            *Day*                    *Year*                    *Month*  
*Day*

Occupation:   (use code from facing page) → If Code 41 specify: \_\_\_\_\_

Industry:   (use code from facing page) → If Code 126, specify: \_\_\_\_\_

Company  
or Union: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Plant, Site or City

<i>State</i>	<i>Country</i>
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Manville Products Exposed to: \_\_\_\_\_

(Attach additional pages if necessary)

**C. BYSTANDER EXPOSURE HISTORY**

Dates of Bystander Exposure:

From:    To:     
*Year*      *Month*      *Day*      *Year*      *Month*      *Day*

Description of Bystander Exposure:

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If exposure occurred because another person was exposed to Manville asbestos provide details about that other person's most significant exposure:

Name of other person exposed:

Relationship to injured party: \_\_\_\_\_

Other person's exposure years: From:    To:     
*Year*      *Year*

Other person's occupation (code from facing page):  → If Code 41,  
specify: \_\_\_\_\_

Other person's industry (code from facing page):  → If Code 126,  
specify: \_\_\_\_\_

Other person's exposure site:  
*Plant Site or City*      *State*      *Country*

Other person's employer or union: \_\_\_\_\_

**PART 6: LITIGATION**

Has any asbestos-related lawsuit been filed on behalf of this injured party?  
(circle one) YES NO

If yes, answer the rest of this part. If no, skip to PART 7.

If more than one suit has been filed, photocopy this page and complete one set of questions for each lawsuit. You must attach a court-dated copy of the face page of the earliest complaint filed. (Failure to do so will result in rejection of this claim.)

1. Court where suit originally filed: \_\_\_\_\_ Country: \_\_\_\_\_
2. Give the two letter state code of the state where this suit was originally filed:
3. Date filed:              
*Year*                    *Month*                    *Day*
4. Docket number: \_\_\_\_\_
5. If case has been removed to another jurisdiction, identify: \_\_\_\_\_
6. Give the two letter state code of the state where this suit is currently filed:
7. Has the Manville Trust been named as a third party by any co-defendant?  
(circle one) YES NO
8. Has a verdict been rendered in favor of the alleged injured party against any co-defendant?  
If yes, provide the following 3 items of information about each co-defendant:

Co-defendant at verdict: \_\_\_\_\_

Verdict amount: \$ \_\_\_\_\_

Date of verdict:              
*Year*                    *Month*                    *Day*

Co-defendant at verdict: \_\_\_\_\_

Verdict amount: \$ \_\_\_\_\_

Date of verdict:              
*Year*                    *Month*                    *Day*

(Attach additional page if necessary)

9. If the judgment is final, has the court applied a setoff of the Trust's unliquidated payments?  
(circle one) YES NO

10. Has the injured party entered into any post-verdict, or post-judgment settlements? (circle one) YES NO

If yes, identify co-defendants with whom such settlements were entered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **OTHER ASBESTOS-RELATED CLAIMS**

Has the injured party settled asbestos-related injury claims with any other parties prior to verdict? (circle one) YES NO

If yes, fill in the settlement information below:

Co-defendant:	Settlement Amount	Year Received:
(Dollars):	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
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	\$ _____	_____
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	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

**PART 7: WORKERS' COMPENSATION CLAIMS**

Has a claim for Workers' Compensation been filed for the injured party? (circle one) YES NO

If yes, answer the following questions:

1. Country where filed: \_\_\_\_\_
2. If filed in U.S., please give the two letter postal code of state where the claim originally filed:
3. Date filed:                 
Year                      Month                      Day
4. What company was the claim filed against: \_\_\_\_\_

**PART 8: SIGNATURE PAGE**

**All claims must be signed by the injured party or the person filing on his/her behalf  
(such as the personal representative or attorney.)**

**I have reviewed the information submitted on this proof of claim form and all  
documents submitted in support of my claim. To the best of my knowledge, the  
information is accurate and complete.**

**SIGNATURE OF INJURED PARTY OR REPRESENTATIVE**

**PLEASE PRINT THE NAME AND RELATIONSHIP TO  
THE INJURED PARTY OF THE SIGNATORY ABOVE**

### PART 9: CHECKLIST

Prior to submission of this proof of claim form complete this checklist of required items.

- Required medical proof for the injured party's diagnosed injury is attached (Part 4).
- The injured party's exposure to Manville asbestos is fully documented (Part 5).
- If any asbestos-related litigation has been filed on behalf of the injured party (Part 6), a copy of the face sheet (date-stamped by the court) is attached.
- The claim is signed (Part 8) and an administrative contact from the law firm has been identified (Page 1).